



MORTGAGE SUBMISSION VOUCHER
PART 1. CONDITIONAL APPROVAL
(Lender to Complete - **MUST BE TYPED**)

Name of Lender: _____	Forward Commitment (FC) No.: _____ OR
Lender Loan No.: _____	Single Loan Reservation (SL): <input type="checkbox"/> AHPP <input type="checkbox"/>
FHA Case No.: _____	Interest Rate: _____% Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/>
PMI Certificate No.: _____	First Mortgage Loan Amount: \$ _____
Name of Correspondent: _____ (If Applicable)	Mortgage Insurance: FHA <input type="checkbox"/> CAHLIF <input type="checkbox"/> VA <input type="checkbox"/>
Correspondent No.: _____	Down Payment Amount: \$ _____
	Second Mtg. Loan Amount: \$ _____
	Other Subordinate Loan Amount: \$ _____

BUYDOWN

BUYDOWN ☐ **Yes** ☐ **No** ☐ 3-2-1 ☐ 2-1 ☐ 1-1 ☐ Other Specify: _____

PROPERTY DATA

Sales Price: \$ _____	Appraised Value: \$ _____	Census Tract No.: _____
County: _____	Thomas Bros. Map (Page and Coordinate): _____	
New Construction: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resale/Existing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rural Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Target Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Developer's Name (New Construction Only): _____		
Address: _____		Phone #: _____
Project Name (New Constr. Only): _____		
Year Built: _____	No. Bedrooms: _____	No. Bathrooms: _____
Square Footage (From Appraisal): _____		
House Lot No.: _____	Legal Tract No. and/or Name: _____	
(From Preliminary Title Report)		
Property Address: _____		Condo Unit No.: _____
City: _____		Zip Code: _____

DWELLING TYPES

STANDARD SUBDIVISION (Individual Interest - No H.O.A.)	COMMON INTEREST SUBDIVISION (Common Ownership Interest)
SINGLE FAMILY DETACHED: <input type="checkbox"/>	HOME-OWNERS DUES: \$ _____
SINGLE FAMILY ATTACHED: <input type="checkbox"/> (Duets Only)	CONDO/ATTACHED PUD: <input type="checkbox"/> # of Units: _____
	DETACHED PUD: <input type="checkbox"/>

BORROWERS

1. Name: _____	SS No.: _____						
(Last) (First) (MI)							
2. Name: _____	SS No.: _____						
(Last) (First) (MI)							
3. Name: _____	SS No.: _____						
(Last) (First) (MI)							
4. Name: _____	SS No.: _____						
(Last) (First) (MI)							
Borrower 1: M <input type="checkbox"/> F <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	<table><tr><td>U.S. Citizen</td><td>Perm. Res. Alien</td></tr><tr><td>Yes No</td><td>Yes No</td></tr><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr></table>	U.S. Citizen	Perm. Res. Alien	Yes No	Yes No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
U.S. Citizen	Perm. Res. Alien						
Yes No	Yes No						
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
Borrower 2: M <input type="checkbox"/> F <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	<table><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr></table>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
Borrower 3: M <input type="checkbox"/> F <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	<table><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr></table>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
Borrower 4: M <input type="checkbox"/> F <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>	<table><tr><td><input type="checkbox"/> <input type="checkbox"/></td><td><input type="checkbox"/> <input type="checkbox"/></td></tr></table>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>						
FIRST TIME HOMEBUYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO TOTAL Residing Permanently in Home: (Borrowers on Title Plus Other Persons Residing in Home) _____							

INCOME AND RATIOS

Gross Annual Household Income: \$ _____	Borrower(s) Monthly Underwriting Stable Income: \$ _____
Total Housing Ratio: _____ %	Total Debt Ratio: _____ %
Loan to Value: _____ %	Annual Percentage Rate (APR): _____ %

Processor's Name and Signature: _____	
Lender's Phone Number: _____	Address _____
Lender's FAX Number: _____	_____
Return Decision to: _____	Address: _____
Phone #: _____ FAX #: _____	_____

FOR CHFA USE ONLY: CHFA Manifest Number: _____ Developer Code: _____